TREMPEALEAU COUNTY HCC IMD

W20298	STATE	RD	121	

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WHITEHALL 547	73 Phone: (715) 538-4312		Ownership:	County
Operated from 1/1 To	o 12/31 Days of Operation:	366	Highest Level License:	Skilled - IMD
Operate in Conjunction	n with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up	and Staffed (12/31/04):	34	Title 18 (Medicare) Certified?	No
Total Licensed Bed Cap	pacity (12/31/04):	34	Title 19 (Medicaid) Certified?	Yes
Number of Residents or	n 12/31/04:	34	Average Daily Census:	33

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	*	Less Than 1 Year	29.4
Supp. Home Care-Personal Care	Yes					1 - 4 Years	47.1
Supp. Home Care-Household Services	Yes	Developmental Disabilities	0.0	Under 65	35.3	More Than 4 Years	23.5
Day Services	No	Mental Illness (Org./Psy)	29.4	65 - 74	32.4		
Respite Care	Yes	Mental Illness (Other)	67.6	75 - 84	17.6		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	14.7	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	sidents
Home Delivered Meals	No	Fractures	0.0	İ	100.0	(12/31/04)	
Other Meals	Yes	Cardiovascular	2.9	65 & Over	64.7		
Transportation	Yes	Cerebrovascular	0.0			RNs	12.1
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	6.1
Other Services	Yes	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for	j	Other Medical Conditions	0.0	Male	67.6	Aides, & Orderlies	53.2
Mentally Ill	Yes			Female	32.4		
Provide Day Programming for	j		100.0	İ			
Developmentally Disabled	Yes			İ	100.0		
. 3 3	Yes		100.0	 			

Method of Reimbursement

	Medicare Medicaid (Title 18) (Title 19)			Private Other Pay			2		amily Care		Managed Care									
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	5.3	141	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.9
Skilled Care	0	0.0	0	18	94.7	121	11	100.0	209	4	100.0	209	0	0.0	0	0	0.0	0	33	97.1
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		19	100.0		11	100.0		4	100.0		0	0.0		0	0.0		34	100.0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period		 			% Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	6.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.9		73.5	23.5	34
Other Nursing Homes	12.5	Dressing	20.6		61.8	17.6	34
Acute Care Hospitals	37.5	Transferring	58.8		38.2	2.9	34
Psych. HospMR/DD Facilities	12.5	Toilet Use	26.5		55.9	17.6	34
Rehabilitation Hospitals	0.0	Eating	50.0		47.1	2.9	34
Other Locations	31.3	******	******	*****	******	*******	******
Total Number of Admissions	16	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	2.9	Receiving Resp	iratory Care	11.8
Private Home/No Home Health	0.0	Occ/Freq. Incontiner		47.1	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	13.3	Occ/Freq. Incontiner	nt of Bowel	14.7	Receiving Suct	ioning	0.0
Other Nursing Homes	20.0	_			Receiving Osto	my Care	2.9
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	2.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	23.5
Rehabilitation Hospitals	0.0					-	
Other Locations	40.0	Skin Care			Other Resident C	haracteristics	
Deaths	26.7	With Pressure Sores		2.9	Have Advance D	irectives	47.1
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	15				Receiving Psyc	hoactive Drugs	97.1

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

************	******	*****	******	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Gov	ernment	Und	er 50	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.1	91.7	1.06	89.3	1.09	85.9	1.13	88.8	1.09
Current Residents from In-County	17.6	77.0	0.23	69.8	0.25	75.1	0.23	77.4	0.23
Admissions from In-County, Still Residing	12.5	23.6	0.53	25.5	0.49	20.5	0.61	19.4	0.64
Admissions/Average Daily Census	48.5	104.9	0.46	99.1	0.49	132.0	0.37	146.5	0.33
Discharges/Average Daily Census	45.5	104.7	0.43	97.4	0.47	131.4	0.35	148.0	0.31
Discharges To Private Residence/Average Daily Census	6.1	49.3	0.12	36.5	0.17	61.0	0.10	66.9	0.09
Residents Receiving Skilled Care	100	95.3	1.05	82.6	1.21	95.8	1.04	89.9	1.11
Residents Aged 65 and Older	64.7	87.8	0.74	91.9	0.70	93.2	0.69	87.9	0.74
Title 19 (Medicaid) Funded Residents	55.9	67.5	0.83	70.2	0.80	70.0	0.80	66.1	0.85
Private Pay Funded Residents	11.8	17.9	0.66	17.0	0.69	18.5	0.64	20.6	0.57
Developmentally Disabled Residents	0.0	0.8	0.00	0.9	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	97.1	45.1	2.15	59.1	1.64	36.6	2.65	33.6	2.89
General Medical Service Residents	0.0	14.8	0.00	9.8	0.00	19.7	0.00	21.1	0.00
Impaired ADL (Mean)	41.8	49.0	0.85	50.6	0.83	47.6	0.88	49.4	0.85
Psychological Problems	97.1	61.8	1.57	52.8	1.84	57.1	1.70	57.7	1.68
Nursing Care Required (Mean)	5.5	7.1	0.77	5.4	1.03	7.3	0.75	7.4	0.74